

Jefferson-Blount-St. Clair Mental Health Authority

Two Year Plan Guiding Service Development for the Period
October 1, 2021 through September 30, 2023

Catchment Area and Service Population Focus

The adult consumer populations that are the focus of this planning effort include those who suffer from severe and persistent mental illnesses or who suffer from substance use disorders and who live in Blount, Jefferson, and St. Clair Counties of Alabama. This planning effort will also include an examination of services for children/adolescents who have serious emotional disorders or substance abuse disorders.

Vision Statement: *The Jefferson-Blount-St. Clair Mental Health Authority is committed to the provision of high-quality services to individuals in the least restrictive setting necessary and appropriate for their care.*

The Authority will strive to follow this vision in all aspects of its operations including the programs directly provided by its staff and in the support offered by its staff to those providers under contract to the Authority. Customer satisfaction, both with directly provided services and contractor services, will provide the barometer by which the Authority will gauge how closely it realizes this vision.

Mission Statement: *The Authority is dedicated to serving individuals who live in Blount, Jefferson, and St. Clair Counties and suffering from the effects of severe and persistent mental illness, children who suffer from the effects of serious emotional disturbances, and those area citizens who suffer from substance use disorders. The Authority will work in concert with the consumers it serves, their family members, and the local providers with whom it contracts for services to assess, prioritize, plan, develop, and implement a comprehensive system of care to address the needs of the area's citizens. Through the programs that it operates the Authority will strive to promote each consumer's human worth, dignity, and quality of life by providing services that are individualized, culturally relevant and empowering and which are provided in a manner that is normalizing and respectful of their rights and responsibilities.*

Overview of Directly and Contracted Services in the Catchment Area

The Authority is responsible for the development and implementation of service plans for the mentally ill and substance use populations. It meets these responsibilities through a combination of services that it provides through its own employees and through contractors.

Mental Illness Services. The Authority directly provides the following mental illness services on a catchment area-wide basis:

- Residential programs (group homes, apartments, Foster homes);
- Case management for adults and children;
- PACT services;
- Specialized adult outreach services (e.g. forensic services);
- Specialized children's outreach services;
- Services for homeless individuals through the PATH and HUD Permanent Supported Housing grants
- Acute psychiatric care in local hospitals through contractual arrangements;
- Urgent care to rapidly engage adults in psychiatric services;
- Outpatient services through the Western Mental Health Clinic;
- Certified Peer Specialist services;
- First episode psychosis services;
- Specialized residential and day programming for Deaf and Hard of Hearing adults
- Children's EPSDT services, including In-Home Intervention, High Intensity Care Coordination, Low Intensity Care Coordination, Certified Peer Specialists - Youth, Certified Peer Specialist – Youth Parents; and Therapeutic Mentors.

Contractors engaged to provide outpatient services for mentally ill consumers include Eastside Mental Health Center, the UAB Comprehensive Community Mental Health Center, AIDS Alabama, Gateway, Choices of Alabama, Glenwood, and Capitol Care South. These programs are all certified by the Department of Mental Health (DMH) as either Community Mental Health Centers (Capitol Care South, Eastside, Glenwood, and UAB) or as Certified Community Service Providers (AIDS Alabama, Gateway, and Choices of Alabama). The executive directors of these providers meet on an as-needed basis with the Authority's executive director to address service development and coordination issues within the catchment area.

Psychiatric inpatient care for the catchment area is provided through contractual agreements with the University of Alabama Hospital (UAB Hospital) and Hill Crest Hospital. Brookwood Hospital, St. Vincent's East Hospital, Princeton, and Grandview Medical Center also work with shared consumer populations and serve as referral sources and potential inpatient points of entry for our SMI adult population.

Substance Use Treatment and Prevention Services. Substance use services in our catchment area are provided through independently certified agencies. The service contracts between DMH and these providers flowed through the Authority in the past but were removed from the Authority's contract by DMH at the end of FY12-13. By previous designation from DMH the Authority retains the responsibility for the planning of substance use services for its catchment area, and will thus continue in that role during the next two years. The organizations engaged to provide these services include:

- Alcohol and Drug Abuse Treatment Centers, Inc.
- Aletheia House
- Fellowship House
- Gateway, Inc.
- Hope House, Inc.
- UAB Substance Abuse Program

The substance use service agency directors meet with the Authority's director on a regular basis to coordinate treatment and prevention services in the catchment area. Prior to COVID-19, the meetings took place every other month through the designated SAMI group (Substance Abuse Mental Illness planning and discussion group). These meetings also provide a forum for the discussion of service development needs for the catchment area. Virtual SAMI meetings were attempted in 2020, and attendance was not comparable to when we would meet at a service providers location. No meetings have been held in 2021. However, each provider is responsible for conducting meetings with consumer advisory groups and providing the input from these groups to the Authority during service planning/coordination meetings.

Human Rights Committee. In addition to its service planning responsibilities, the Authority has also initiated a cross-discipline Human Rights Committee to serve the entire catchment area. All service providers that contract for services through the Authority, or that work cooperatively in planning efforts

with the Authority, have signed agreements to participate on this committee with the Authority. Virtual meetings have been utilized since the summer of 2020.

I. Two Year Service Plan Development

The Authority initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow stakeholders within the Authority catchment area to provide meaningful input to DMH's statewide planning process. The planning process includes periodic meetings with service providers, family members, and consumers throughout the two-year planning cycle and a formal review process that is initiated in April of the year in which the two-year cycle ends. The process includes focused meetings with each stakeholder group to obtain input into service needs in the area. Monthly service coordination/review meetings that include key stakeholders provide an ongoing review and planning process that allows the Authority to constantly update its service plan and revise the area's continuum of care to meet service needs as they arise. These regular planning/coordination meetings provide a basis from which continuous enhancements can be made to the quality of services provided in our catchment area.

There are numerous stakeholders that participate in the area's planning process. The Authority's contract service providers are one obvious group of stakeholders. Family member advocacy groups, consumer support groups, and agencies that receive and pay for the Authority's services also contribute to the planning process. In addition to the contractor service planning/review/coordination meetings described earlier in this document, the Authority's director meets monthly with the members of the Family and Consumer Advisory Council to gain the views and opinions of area service consumers and their family members. In addition to this effort, each of the Authority's contractors conducts meetings with its own family/consumer advisory panel in order to gain the views and opinions on services from these groups.

A Crisis Diversion Center Executive Committee was established shortly after our unsuccessful bid for a Crisis Diversion Center award in 2020. The committee included the following members:

James Meador-Woodruff, UAB Health System, Senior Vice President for
Mental Health Services

Kim Wigley, St. Vincent's East Hospital, Administrative Director of

Behavioral Health

Susan Salin, NAMI Birmingham, President

Tony Petelos, Jefferson County, CEO

Brandon Johnson, City of Birmingham, Director of the Office of Peace and Policy

Judge Stephen Wallace, Circuit Judge, Mental Health Court

Wayne Rogers, Jefferson County Sheriff's Department, Executive Assistant

Chris Retan, Aletheia House, Executive Director

Malissa Galliher, JBS, Clinical Director

Meaghan Bourque, JBS, Clinician

Jim Crego, JBS, Executive Director

This group met weekly from April 2021 – June 2021 to prepare for and complete the response to the FY22 Crisis Diversion Center RFP. As a result of the collaboration of this group, and relationships built by its members, five other proposals were submitted in the summer of 2021. These included two applications submitted to the Department of Justice by the Jefferson County Sheriff's Department as the lead; one each to SAMHSA and the FCC by JBS; and another to the City of Birmingham in response to its Magic City Recovery Plan RFP. All of these applications involved the provision of crisis service care in our community.

All of the meetings referenced above switched to virtual meetings in 2020 and continue to be virtual at this time. Along with these meetings, annual surveys of family and consumer satisfaction are conducted to evaluate the perception held in these groups regarding the Authority's services. A residential satisfaction quality of life survey began in FY21 and is administered by peer staff to a portion of JBS residential consumers each month. The survey results are reported to the JBS Board and Consumer & Family Advisory Council quarterly by the Authority's Clinical Director.

II. Two Year Plan Components

A. Description of the Catchment Area's Population. The 2020 census provides the basic population demographic information for Blount, Jefferson, and St. Clair Counties. In addition, service recipient counts provided by contractors, DMH-supplied needs data (such as the prevention needs data book and the profile of substance use treatment needs), and hospitalized patient listings provided by DMH are used to provide an indication of service populations in the catchment area. The population figures that are presented below are taken from the actual census count for 2020.

Blount County was found to have 59,134 residents during the census. Of these, 22.9% are under 18 years of age, 58.4% are 18 to 65 years of age, and 18.7% are 65 years of age or older.

The census found there were 674,721 residents in Jefferson County. Of these, 22.8% were below the age of 18, 60.9% were adults 18 to 65 years of age, and 16.3% were 65 years of age or older.

The count of residents revealed St. Clair County had a population of 91,103 residents. Of these, 22.5% were under 18 years of age, 60.6% were 18 to 65 years of age, and 16.9% were 65 years old or older at the time of the census.

The M-5 area had a population of 824,958 according to the 2020 census. This is the largest population of individuals served by any catchment area in the state. Over the last 3 years, this catchment area has taken 3,037 commitment petitions and seen a total of 932 individuals committed into the care of DMH for treatment of a severe and persistent mental illness, and 621 people admitted to Bryce Hospital. Please find a summary of this data in the table below:

	# of Commitments	# Placed at Bryce
FY19	365	247
FY20	312	207
FY21	255	167
Total	932	621

The need for local acute psychiatric care is obvious when these data are viewed against the total placements into Bryce from Region 2. Jefferson County alone continues to account for 60% of the commitments into the state's care each year.

B. Assessment of Catchment Area Needs. The needs assessment for this two-year plan was conducted using a continuous planning method. Planning meetings included service pattern reviews conducted with:

1. Regular monthly family/consumer advisory group meetings;
2. Meeting with NAMI-Birmingham (including family members and consumers);
3. Meetings of substance use providers regarding prevention and treatment efforts during SAMI planning meetings;
4. Jefferson County access to care meetings held between the mental health centers and representatives of local psychiatric hospital units.
5. Crisis Diversion Center Executive Committee meetings held weekly to compile response for the crisis diversion center RFP.

C. Previous Plan Goals and Impact on the 2021-2023 Two-Year Plan.
FY19-FY21 MI Goal 1 – *Expand crisis response services that will provide local hospital care and transitional support services in order to reduce the area's reliance upon state psychiatric hospitals for inpatient care.*
DMH has continued to provide funding for this effort via \$7.5 million for Region 2 and \$2.73 million for the M-5 catchment area. This funding will continue to allow for discharges from Bryce to the community. It is essential for DMH provided funding to continue to ensure these services remain. Hospital overcrowding in our area due to a lack of state beds for civilly committed patients is a significant problem. This increasing pressure and demand on local hospital care further emphasizes our need for an expansion of crisis services. This goal is being modified in MI Goal 1 for FY21-FY23 to include funding for a Crisis Diversion Center and Mobile Crisis Teams in our area.

FY19-FY21 MI Goal 2 – *Maintain funding to support the achieved downsizing of Bryce Hospital.*

Physical plant conditions at Bryce require that it operate no more than 268 beds on any given day. Services put in place by Region 2 providers must continue over the next two years, as well as be supplemented by residential services for the NGRI population.

FY19-FY21 MI Goal 3 – Move the Urgent Care Clinic to a 24-7 operational posture and develop crisis residential programs to support rapid entry into care in the service area. Add another focus of rapid entry into care in Jefferson County through development of a first-break psychosis program. Also, add supported employment services to the array of services available through the Authority.

We were not successful in our efforts to secure the much-needed Crisis Diversion Center funding provided by DMH to three CMHC's in FY21. This was devastating to our community, as we continue to see the criminalization of mental illness and onboarding in emergency rooms averaging 18 hours due to a lack of appropriate crisis services in our community. We have submitted a proposal in FY21 and at the time of this report the FY22 award had not yet been announced. While this goal was not attainable in prior years due to the tremendous financial investment required, the legislature has now made such funding available.

The first episode psychosis treatment program in Jefferson County (NOVA) is operational and will need continued funding in its efforts to treat people 15 to 25 years of age who are experiencing their first episode of florid symptoms of psychotic illness.

Supported Employment services continue to be a gap in our continuum of care. Despite providing DMH a Letter of Commitment to serve as a grant site for a Supported Employment IPS grant in May 2019, we do not have funding for these services as we enter into FY22. We successfully entered into a contract in FY21 with the Alabama Department of Rehabilitation Services to provide peer services for the MI population, but it has not led to many of our consumers getting engaged in Supported Employment.

FY19-FY21 SA Goal 1 – Seek expansion of substance use treatment services in Blount and St. Clair Counties.

SU contract funds have been moved to Hope House to expand services in Blount County. Additional funding to allow for further expansion of services will be needed in the next two years, as well. A treatment provider for St. Clair County has not yet been identified, but will continue to be pursued.

FY19-FY21 SA Goal 2 – Increase the availability of detoxification services in the M-5 area.

Alcohol and Drug Abuse Treatment Centers, Inc. dedicated its Pearson Hall facility to a detoxification service provider for the M-5 area.

FY19-FY21 SA Goal 3 – *Expand MAT offerings to all counties in the M-5 area.* Medication assisted treatment has expanded in our area, led by Fellowship House special MAT clinic at the Cooper Green/Mercy outpatient facility. This program has done very well and maintenance (funding) of this effort will be important in the next two years.

D. Services and Needed Expansion.

Children's Services. The previous children's program service expansion that took place in the M-5 area will continue to be a focus of support. The outplaced service units at DHR, Family Court, and local school systems need continued local support to stay active and available. The Authority will strive to maintain these services over the next two years. The need for psychiatric services for children remains at the top of the list of needs for children. Furthermore, the need for child psychiatrists has never been greater. The Authority has been utilizing locum tenens since the move from full-time to part-time by Dr. Vinita Yalamanchili in 2020. Dr. Deborah Gordon works in a full-time capacity, but we are now looking to hire psychiatric nurse practitioners to work under Dr. Gordon's supervision to meet the prescriber demands in our community and eliminate the costly use of locum tenens.

Expansion via the School Based Mental Health initiative has added staff in both Blount and St. Clair County in the FY19-FY21 period. We are hopeful to add two SBMH sites in FY22 in school systems in Jefferson County.

A significant impact has been felt in the development of children's services as a result of the settlement reached between the state and the Alabama Disabilities Advocacy Program regarding EPSDT services. This settlement has required DMH to add more services to the array of offerings currently available to children in Alabama. Services included as a part of the EPSDT settlement are as follows: In-Home; Intensive Care Coordination; Psychoeducation – Family Support and Education; Certified Peer Specialist-Youth; Certified Peer Specialist-Youth Parent; and Therapeutic Mentoring.

The Authority was the first CMHC in the state to implement the EPSDT services and we have already seen a decline in the number of In-Home teams needed, while the number of Peers and Intensive Care Coordinators has grown.

The Nova program began in early 2017 and satisfies a requirement of the federal mental health block grant program which demands that states develop services for people ages 15-25 experiencing their first episode of a psychotic illness. We intend to add another Therapist, Low Intensity Care Coordinator, CPS-Youth and CPS-Youth Parent to our NOVA team in the FY21-FY23 period.

Mental Illness Adult Service. Services recognized as needing expansion include crisis services, telehealth services, peer services, housing, and supported employment. Crisis services for mentally ill individuals and alternatives to being placed in jail or local hospitalization/ER comprise the primary suggestions for mental illness service expansion. Funding of our response to the DMH RFP for a Crisis Diversion Center in FY22 is essential and will most assuredly result in a spin-off of other crisis services needed to augment the Crisis Diversion Center.

Our community is often confronted with a lack of good options for individuals suffering from an acute psychiatric or substance use crisis. Individuals in crisis experience unnecessary visits to the emergency departments of local hospitals, or incarceration, as a result of their mental health and substance use issues. Our proposed Crisis Diversion Center will consist of 32 temporary observation recliners and 16 extended observation beds. The facility will be available to the public 24 hours a day, 7 days per week, and 365 days per year. We anticipate law enforcement to be the primary referral source. In fact, the Jefferson County Jail has advised us they could easily divert 40 individuals per month with SMI and minor offenses and 200 individuals per month with substance use issues and minor offenses. Today, these individuals are held in jail on minor offenses for their own safety because no service like a Crisis Diversion Center exists. Emergency departments throughout the region are also poised to benefit from the establishment of a Crisis Diversion Center in Jefferson County.

The opening of a Crisis Diversion Center will be revolutionary for mental health and substance use care in our area. Not only will it allow individuals to receive proper care in the most appropriate and least restrictive setting, but it will lead to an expansion in telehealth services as rural hospitals, mobile crisis teams, and law enforcement also begin to have access to treatment services while in the field. If the telehealth service is not appropriate, the referral source will always have the option to bring the individual to the Crisis Diversion Center.

Peer programs have been implemented through the Bryce outplacement program and continue to be a focus for expansion. We are looking to add a drop-in center for adults, similar to our 1920 Club in Jefferson County, in Blount County to

provide a place for residents of our Stonebrook MOM Apartments and community consumers to attend. The location would be staffed with peers. We are also interested in opening the state's first transitional age Drop-In Center if funds are made available.

Housing is a chronic need for our population. Scattered site apartments are becoming more and more expensive. Additionally, our population has severely damaged our working relationship with property managers in our community. It is a constant struggle to find desirable scattered site apartments. Thus, if funding were available, we would be interested in purchasing an apartment property so we could serve as landlord. While clinical services would not be offered on site, we would like to pilot a property that included housing for adult peers who would also serve as resident managers. We think this model has merit and a tremendous alternative for those ready to leave a MOM setting.

Continued funding for the M-5 area to purchase acute hospital care for individuals facing commitment to the state through probate courts is essential.

Substance Use Services. A Crisis Diversion Center serving individuals with substance use issues, as discussed above, is the most desired expansion service. Maintaining funding for increased detoxification services through Pearson Hall is critical over the next two years and will be a significant referral source for the Crisis Diversion Center. Other needs surfaced in the planning meetings, including the need for dual-diagnosis treatment settings that are readily available at all levels of care. On-going funding of a Fellowship House operated MAT clinic will be important for this region as well. The Recovery Organization of Support Specialists (ROSS) provides peer support services to substance use service consumers and has worked closely with UAB.

E. Resource Development and Allocation. The financial data continue to reveal that 95% of the Authority's funding in any given fiscal year is comprised of state or federal funds that are derived through DMH contracts. It is therefore vital that the Authority continue to participate in the service planning efforts arranged by DMH.

At the present time, expansion of services has been contemplated for this region based on the fact that over half of the residents of Bryce Hospital are from Jefferson County. This is not a new finding, and given the county's population (nearly 675,000) this fact will remain a constant for many years to come. Due to

Birmingham's medical resources, including the largest concentration of hospitals and psychiatric beds in the state, individuals from across Alabama consistently seek treatment in our city. We desire additional mental illness funds for this region to be applied to services that can divert individuals from placement into the state's care in an inpatient psychiatric facility, as well as local hospital emergency rooms and jails. Local funding from area governments for such efforts is unlikely to be obtained in the next several years.

III. Goals and Objectives

FY21-FY23 Mental Illness Goal 1. *Expand crisis services to prevent unnecessary visits to the emergency departments of local hospitals or incarceration.*

Objective 1: Secure the funding for a Crisis Diversion Center currently available from DMH through an RFP in the amount of \$7 million annually for Region 2. If awarded, maintenance of this funding must be a priority.

Objective 2: Open the Crisis Diversion Center within the 6-month timeframe and market the services to stakeholders throughout Region 2.

Objective 3: Secure funding for Mobile Crisis Teams and/or telehealth equipment for law enforcement.

FY21-FY23 Mental Illness Goal 2. *Maintain funding to support the achieved downsizing of Bryce Hospital.*

Objective 1: Monitor, along with Region 2 service partners, the number of beds operated by Bryce Hospital. The average daily census at Bryce will be used to monitor this objective. Bryce must operate no more than 268 beds on any given day to stay within its operational limitation.

Objective 2: Provide services in accordance with the downsizing plan in partnership with Region 2 providers. This objective will be measured by continuation of services to achieve the downsizing and by funding being made available by DMH for these efforts.

FY21-FY23 Mental Illness Goal 3. *Expand Peer services by opening an adult Drop-In Center in Blount County and a transitional age Drop-In Center in Jefferson County.*

Objective 1: Identify facility and hire staff to oversee Blount County Drop-In Center for community-based consumers and residents of our MOM Apartment.

Objective 2: Obtain funding from DMH (\$75,000) to operate a transitional age Drop-In Center in Jefferson County. Secure facility and hire staff.

FY21-FY23 Mental Illness Goal 4: *Pilot an apartment setting that offers current peers affordable housing and enlists them to serve as resident managers of the property. Scattered site apartments are becoming too expensive and landlords are less interested in working with our population.*

Objective 1: Obtain support from ADAP to reduce the number of scattered site apartment offerings and replace with a JBS owned property with Peer Resident Managers.

Objective 2: Obtain approval to reallocate DMH Bryce Reduction funds for Community Supported Housing to subsidize tenants cost of living at JBS owned property.

FY21-FY23 Substance Use Goal 1. *Seek expansion of substance abuse treatment services in Blount and St. Clair Counties.*

Objective 1: Support Hope House in its attempt to expand its services. Funding has previously been moved from one SA service contractor to Hope House to aid in this effort. Additional funding will depend on service funding increases that are made available by DMH. This objective can be measured by looking into Hope House's contract with DMH for increases in funding directed to The Hope House.

Objective 2: Identify a treatment provider that can open and staff a public sector treatment office in St. Clair County. This objective may take quite a while to achieve.

FY21-FY23 Substance Use Goal 2. *Increase the availability of detoxification services in the M-5 area. This goal is carried over from the last plan. The Alcohol and Drug Abuse Treatment Center operates a detoxification service at its Pearson Hall location, but more services are still desired and needed.*

Objective 1: Secure funding for a Crisis Diversion Center currently available from DMH and include detoxification services as part of the services available.

Objective 2: If funded, market the availability of detox services within the Crisis Diversion Center to stakeholder groups to maximize its utilization.

Objective 3: If funded, work closely with the Alcohol and Drug Abuse Treatment Center to ensure those in need of detoxification services are getting them as quickly as possible and in the most appropriate setting.

FY21–FY23 Substance Use Goal 3. Expand MAT offerings to all counties in the M-5 area. This goal will be achieved only through the receipt of additional funding in the region from DMH. Fellowship House is currently serving Jefferson County, and maintenance of these funds will be necessary to continue this effort. Treatment providers in Blount and St. Clair County will need to be identified along with the funding sources.

Objective 1: Pursue funding for expansion of medication assisted therapy by identifying federal and state grant opportunities.

Objective 2: Engage Fellowship House to educate rural providers on the benefits and provision of MAT services to spur interest in pursuing funding for said services.

Thank you for taking the time to review this service development plan. Any questions or comments regarding this plan can be directed to:

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